

(1) PLACE OF BIRTH

County of Barren
Township of Canaan
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

19022

Registration District No. 2302

Registered No. 74
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) **BOY OR GIRL?**

(4) **Twin or Triplet?**

(5) Number in order of birth

(5) Are Parents Married?

107 DATE OF

BIRTH June 1972
(Name of Month) (Day) (Year)

FATHER

(8) **FULL NAME**

9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY.

(12) BIRTHPLACE

13. OCCUPATION

20) Number of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was 24267- at 20 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed June 8, 1972 (28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.